

CITY OF WINTER GARDEN – TENT PERMIT

300 WEST PLANT ST•WINTER GARDEN, FL 34787•(407) 656-4111 EXT 2245•FX (407) 656-0839

Permit Number _____ Date Submitted _____

Property owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Tent Contractor: _____

Address _____

City: _____ State: _____ Zip Code: _____

Contact Name _____ Phone #: _____

Purpose of tent/Name of event: _____

(If used as an Assembly, seating arrangement required)

Location of tent: _____

(Include a map of area where the tent will be located)

Set up date: ____/____/____

Takedown date: ____/____/____

Size/Dimensions of tent: _____

Type of electrical source: _____

Approximate number of spectators and participants: _____

Number of restrooms and type: _____

Number of trash bins and type: _____

Applicant Signature: _____ **Date:** _____

Office Use Only:

Zoning: _____ Approved _____ Denied _____ Date: _____

Fire: _____ Approved _____ Denied _____ Date: _____

Police: _____ Approved _____ Denied _____ Date: _____

Building: _____ Approved _____ Denied _____ Date: _____

**** A FIRE RETARDENT CERTIFICATE MUST BE SUBMITTED WITH APPLICATION. THE # OF FIRE EXTINGUISHERS WILL BE DETERMINED BY FIRE MARSHAL OR INSPECTOR.**

***** MUST COMPLY WITH CITY CODE SEC. 118-1310 (f)(1). If used over a two-week period it would require City Commission approval.**